

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90073 040 ****61.25

DOCUMENT # 749313

1. Entity Name
SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**737 EAST GULF DRIVE,
SANIBEL, FL 33957**

Mailing Address
**P.O. BOX 964
SANIBEL, FL 33957 US**

2. Principal Place of Business - No P.O. Box #

6062 DINKINS LAKE RD

3. Mailing Address

Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1901527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PROPERTY KEEPERS
6062 DINKINS LAKE ROAD
SANIBEL, FL 33957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debra Canty

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WARE, THOMAS	
STREET ADDRESS	8 CHICKADEE LANE	
CITY-ST-ZIP	N OAKS, MN 55127	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOD, MICHAEL	
STREET ADDRESS	11165 W ALLEN RD	
CITY-ST-ZIP	HAYWARD, MI 48443	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LITSZINGER, DAVID	
STREET ADDRESS	1650 GREEN BAY DR	
CITY-ST-ZIP	LAKE BLUFF, IL 60044	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGNOTTO, MARK	
STREET ADDRESS	1900 LAKE ST #124	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOWAN, MICHAEL	
STREET ADDRESS	737 E GULF # B4	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PROPERTY KEEPERS	
STREET ADDRESS	6062 DINKINS LAKE ROAD	
CITY-ST-ZIP	SANIBEL, FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael B. Wood* **MICHAEL B. WOOD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08 239 395-3013

Date

Daytime Phone #